P. 001

PRINTED: 09/29/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL060136 09/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10830 LAWYERS ROAD LAWYERS GLEN RETIREMENT LIVING CENTE CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID OX.85 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DAYE TAG TAG DEFICIENCY) C 000 Initial Comments Č 000 Report of a Biennial Construction Survey by Billy S. Bryant and Frank Strickland conducted on CONSTRUCTION SECTION 09/09/2015 OCT 1 g 2015 Records indicate this facility was first licensed or submitted for licensure on 12/23/1999 as a HA. RECEIVED The facility is currently licensed for 82 beds including an 16 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999) Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 164 C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: have walls, ceilings, and floors or floor. coverings kept clean and in good repair; have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility has failed to keep floors and ceilings in good repair. Maintaining floors, walls, and ceilings in good repair provides a positive living and working environment for the occupants of the facility. A. Findings on 09/09/2015: Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURES

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STATEMENT OF OFFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL060138		8. WING		09/09/2015		
NAME OF	PROVIDER OR SUPPLIER			STAYE, ZIP CODE		
LAWYER	RS GLEN RETIREMEN	LIVING CENTE	WYERS RO TTE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRICENCY)	D BE	(XS) COMPLETE DATE
C 164	Continued From pa	ge 1	C 184			
	cracked. 2. 300 Hall - There is the resident bathrood. 3. Dining Room Portape is delaminating. 4. Dining Room - At ceiling return air filte. II. The facility has fa good repair. Not provesidents in mobility those residents required.	ch - The drywall ceiling joint the entrance to the porch the is completely clogged. illed to keep furnishings in widing furnishings that aid and stability directly effects uiring use of such items.		Quotes have been obtained for replacem of pantry floor. Flooring to be replaced. All cove base on 300 Hall has been insta 9/25/15 Dining Room Porch drywall ceiling repair in process will be completed in 30 days. Dining Room entrance to porch. Ceiling return air filter has been changed and will be changed monthly.	fled	- Table 1
	A. Findings on 09/09 1. 100 Hall - There a wall mounted hands	are sections of the hall where		100 Hall wall mounted hand rails Obtaining quote to install hand rails. Will be corrected within 60 days	-	
C 166	Housekeeping-Main	tained Free of Hazards	C 166			
TO THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRES	orderly manner, free hazards;	6 HOUSEKEEPING AND				
	maintained free from	t as evidenced by: tion the facility is not being n hazards. Doors are required and latch in order to resist the				

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Division	of Health Service Re	equiation					
THE PLAN OF CORPECTION INCOME.		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
		HAL060136	E	B. WING	· · · · · · · · · · · · · · · · · · ·	09/0	9/2015
NAME OF E	PROVIDER OR SUPPLIER	STR	EET ADDR	ESS, CITY, S	TATE, ZIP CODE		
LAWYER	S GLEN RETIREMEN	IT LIVING CENTE		YERS ROA E, NC 282:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(XB) COMPLETE DATE
C 166	Continued From pa	ge 2		C 188			
	occupants in the faction of latch and rer to limit the spread of	in the event of a fire. All the cility could be effected if of main shut when closed so of smoke to the area of or	loors				
	on the door from th	s a kick down type door s e kitchen to the dining roo	om.		All kick down type door stops in the ki And around the facility will be remove 30 days	itchen d within	
		s a pattern of kick down t us doors in the facility.	ype		Suites 204-206 door has been repaire	ed 9/22/15	÷.,
	3. Suites 204-206 so that it will not clo	- The door contacts the fr ose and latch.	ame		100 Hall cross corridor door will be reg Within 30 days	paired	4
	entrance to the hall	oss corridor doors at the had one leaf that did not nd latch when released fro device.			Kitchen electrical panel items stored in Of panel have been removed 9/9/15		
-		vation the facility is not kep			Housekeeping closet items stored in fo Electrical panel have been removed 8/1	ont of 9/15	
		the ability to use or repair			Activity room storage closet has been of Out and all items blocking panel have b 8/22/15	deaned Seen remove	d -
	Kitchen - Access obstructed by store	s to the electrical panels is d items.	•				
		loset Adjacent to Suite 10 rical panels is obstructed				,	
		torage Closet - Access to obstructed by stored item					
	from hazards. Failu and highly accessit	ration the facility is not kep ure to maintain commonly ble electrical devices coul ocupants if they directly and electrical wiring.	used				

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Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		4 4	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED			
		B 148110					
		HAL060136	B. WING		09/09/2	2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
LAWYER	S GLEN RETIREMEN	IT LIVING CENTE	WYERS ROA				
LAWILL	O OLLIVIE TINEITER	CHARLO	TTE, NC 282	227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	LD BE COMPLETE		
C 166	Continued From pa	ge 3	C 188				
	A. Findings on 09/0 Suite 200 Living outlet cover missing	Room - There is an electrical		Sulte 200 living room electrical outlet covers plate has been replaced 9/22/15			
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	SECTION .0300 - F	PHYSICAL PLANT					
	10A NCAC 13F .03	11 OTHER				17.1.	
	REQUIREMENTS	et all fire galake alactrical					
 (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult 							
	care home shall be	maintained in a safe and					
	operating condition						
		apply to new and existing ception of Paragraph (e)					
		ly to existing facilities.			1		
	This Rule is not me				ĺ		
		ations the facility has failed to tems maintained in a safe			į		
		taining fire resistant rated			ĺ		
	ceiling construction	could effect the occupants of					
	the facility by failing to prevent the spread of smoke or fire from the area of origin.)		
	smoke or tire from	the area or origin.			1		
	A. Findings on 09/0						
		Room - There is an					
	approximately 12"x18" hole in the fire resistant rated ceiling.			Laundry room, room 309, and room 2014 gap In fire resistant rated ceiling is in process of being			
		ere is a gap in the fire	١.	Corrected. Will be completed in 30 day	/s		
	resistant rated celli escutcheon is miss	ng where the sprinkler ing.	'				
		204 - There is a gap in the fire			-		
-		ng where the sprinkler lodged from its original					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL060136 B. WING 09/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10830 LAWYERS ROAD LAWYERS GLEN RETIREMENT LIVING CENTE CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 189 Continued From page 4 C 189 position. Based on observations the facility has falled to Wall mounted emergency light in DR has been fixed keep electrical fire safety equipment maintained in working condition. Occupants of the facility could be affected if electrical fire safety that is not maintained failed to operate when required. Activity Room Storage Closet smoke detector Tube has been cleaned 10/7/15 Dining Room - The wall mounted emergency light is not working. Activity Room Storage Closet - The duct smoke detector sampling tube is covered with dust. C 190 Heating System C 190 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. Built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: I. Based on observation the facility has failed to provide heating and cooling systems, HVAC systems that do not function could effect all residents if a comfortable temperature ranges cannot be maintained within the facility.

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Division of Health Service Regulation							
STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
ANDPLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
					1		
		HAL060136	B. WING		00/	09/2015	
NAME OF	PROVIDER OR SUPPLIER	CTDV			03/	03/2013	
		400001.0		STATE, ZIP CODE			
LAWYER	S GLEN RETIREMEN	I LIVING CENTE	WYERS RO TTE, NC 28				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES					
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION SHOUL	D BJE	COMPLETE	
TAG	REGULATORY OR L	SCIDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE	
				DEFICIENCY)			
C 190	Continued From pa	ge 5	C 190				
			İ				
	A. Finding on 09/09	/2015:					
	1. Facility - 2 HVAC	units are not operating. The		2 HVAC units has been repaired 10/2/1	IS		
	areas affected are t	he memory car unit office, the			-		
Í	memory care activit	y room, the director's office,					
	the employees brea	kroom and a portion of the					
	public area of the 30	ou naii,				1. 1	
C 199	Exhaust Ventilation						
0 130	exhaust ventilation		C 199				
-	SECTION .0300 - P	HYSICAL PLANT				! !	
	10A NCAC 13F .031	1 OTHER					
1	REQUIREMENTS			-			
	(g) The spaces liste	ed in this Paragraph shall be				1	
		st ventilation at the rate of					
	two cubic feet per m	inute per square foot. This					
	requirement does no	ot apply to facilities licensed					
	these specified space	with natural ventilation in		,			
	(1) soiled linen stora						
	(2) soil utility room;	-90,					
	(3) bathrooms and t	oilet rooms;					
	(4) housekeeping cl	osets; and				1	
	(5) laundry area.						
	(K) This Rule shall a	pply to new and existing					
	vacurues with the exc	eption of Paragraph (e) to existing facilities.					
	writeri stidii flot appiy	to existing facilities.			f	- 1	
	This Rule is not met	as evidenced by:					
1	 Based on observat 	ion the facility has not			į		
-	provided exhaust ver	ntilation. This could effect the		1			
	occupants of the faci	lity by not exhausting from					
	some areas undesira	ble odors or fumes.			. [-	
	A. Findings on 09/09	2015:					
		are not functioning as					
- 1	evidenced but not lim	nited to the specific areas				1	
1	isted below.				- 1	1	
				-			
vision of Hea	ith Service Regulation						
THE PARTY OF THE	TO PERTING I VOIGHIBUUTI						

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		(X3) DATE SURVEY COMPLEYED		
		HAL060136	B. WING		09/09/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
LAWYER	RS GLEN RETIREMEN	******	WYERS RO			
		CHARLO	TE, NC 28	3227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENT/FYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
C 199	Continued From page	ge 6	C 199			
	a. 100 Hall - The ce	ntral exhaust system for the and some storage closets is				
	 b. 200 Hall - The central exhaust system for the resident bathrooms and some storage closets is not working. 			Exhaust system in 100 hall, 200 hall, restroom, And main laundry. Motors have been ordered as of 10/12/15. Repairs will be completed when parts are received within 15 days		
	Room - The restroor fan.	oom, Adjacent to the Dining m does not have an exhaust				
	 d. Main Laundry - The exhaust fan betweer The exhaust fan is n 	nere is a bird nest in the the fan blades and the grille. ot operable.				
utsion of He	aith Service Regulation					